

CHNA Steering Committee

June 18, 2021

Meeting Minutes (final)

Attendees

Denise Barton, Strategy & Business Development, Frederick Health
Jennifer Cooper, Assistant Professor of Nursing, Hood College, with
Abby Mayes, undergraduate nursing student, Hood College
Olga Dunlap, undergraduate nursing student, Hood College
Diana Fulchiron, Behavioral Health Work Group Lead, Frederick County Health Care Coalition (FCHCC); Director of Community Impact,
The Community Foundation of Frederick County
Malcolm Furgol, Executive Director, FCHCC; Community Benefit Specialist, Frederick Health;
Consultant, United Way of Frederick County
Maggie Galloway, Summer Intern, Frederick Health
Danielle Haskin, MSPH, Founder & Senior Advisor, It Looks Like Me
Maria Herrera, Spanish Speaking Community of Maryland (Frederick location)
Inga James, MSW, PhD, Vice President, FCHCC; President & Executive Director, Heartly House
Elizabeth "Liz" Kinley, Project Manager, Community Health, Frederick Health
Pilar Olivo, President and ACEs/Infant Health Work Group Lead, FCHCC; ACEs Liaison, Child Advocacy Center
Colleen Swank, LHIC Grant Coordinator, Frederick County Health Department (Recorder)
Sr. Roberta Treppa, DePaul Dental Program Manager, Seton Center
Rissah Watkins, MPH, CPH, Director of Planning, Assessment, and Communication, Frederick County Health Department

Pilar Olivo, President, FCHCC, convened the meeting and presented an overview of the goals for the Frederick County Health Care Coalition (FCHCC)'s Role in the CHNA process. These goals include: a) Create opportunities for ongoing engagement by FCHCC board members in the CHNA process; b) Utilize FCHCC's relationships with a broad group of stakeholders for qualitative and quantitative data gathering; and c) Capture expertise and new data sources developed in existing LHIP Workgroups for the next CHNA process.

Ms. Olivo presented an overview of the community survey process and next steps. She reported that the Community Survey Design Workgroup recently reviewed the input from this Steering Committee and other sources, and started to develop the 2021 community survey. The workgroup is also beginning to plan outreach efforts for survey distribution.

The Community Survey Design Workgroup members include:

- Denise Barton, Frederick Health

- Heather Kirby, Frederick Health,
- Liz Kinley, Frederick Health,
- Rissah Watkins, Frederick County Health Department
- Malcolm Furgol, Frederick County Health Care Coalition (FCHCC)
- Pilar Olivo, FCHCC

The Workgroup is working closely with the consultant, Market Street Research (MSR), that brings both quantitative and qualitative research expertise to the project. MSR conducted focus groups for the 2018 Frederick County CHNA and has experience working with other Local Health Improvement Coalitions (LHICs) on their CHNAs. The Workgroup consults with their MSR contact, Stephanie Gonthier, and has the support of the rest of the MSR team, including PhD level analysts.

Survey development and approval timeline:

- June 24 – CHNA Steering Committee receives draft survey for review
- June 30 – CHNA Steering Committee comment deadline
- July 2 – CHNA Steering Committee reviews & recommends to FCHCC Board
- July 7 – FCHCC Board will review & vote on approval of final survey design

Sources for the development of the survey:

- 2018 CHNA community survey
- Behavioral Risk Factor Surveillance System (BRFSS) data
- CMS Accountable Health Communities Screening Tool which includes SDOH questions
- Asset Limited, Income Constrained, Employed (ALICE) survey data
- U.S. Census data
- The Frederick Center

Survey content considerations include:

- Length of the questionnaire
- Ability of respondents to answer our questions
- Recognition of SDOH, engagement with healthcare, and other factors related to healthcare avoidant behavior
- Newer factors including multi-generational impacts on children, bias, police violence, and political climate.

Survey topic categories:

- Perceptions of the health of the community
- Barriers to accessing healthcare
- Opportunities to increase access to healthcare
- Engagement with healthcare
- Personal health and engagement in healthy behaviors
- Experiences with SDOH
- Demographics

Ms. Olivo concluded her presentation by asking the Steering Committee members to review the updated community survey, which will be distributed to them by June 24, using the following criteria:

- Identification of language or topics that are offensive or biased
- Identification of important impacts on health that emerged in the last three years that we missed
- Identification of previous concerns that have declined in importance and may be removed from the survey

Action Item: After receipt of updated survey by June 24, Steering Committee members will review it and provide feedback by June 30, 2021.

- Denise Barton reported that the most recent survey updates include:
 - New questions and response choices to collect more data that would allow for more segmentation analysis and cross-tabulations.
 - More questions on personal experience and experiences of friends/family, rather than on perceptions of community health.
 - Addition of new SDOH questions involving the themes of housing, financial security, access to food, transportation, social isolation, and physical safety.
 - Updated language around sexual orientation/gender identification (SOGI)
 - New response option for military service
- Diana Fulchiron applauded the addition of questions more focused on personal and family experiences, but asked if the Workgroup anticipates that the data collected would allow for any systems-level analyses. For instance, someone may indicate they have a food access problem, but that may be a result of transportation issues, residing in a food desert, or other issues.
 - Ms. Olivo said this is an important issue and the Workgroup is beginning to tackle it by trying to identify connections between behavioral risk factors reported and underlying systems problems. Unfortunately, the smallest geographical area of analysis will be the zip code. However, more descriptive data will be collected which may allow for analyses that do point to a systems issue.
 - Rissah Watkins agreed with Ms. Olivo and elaborated that data collected is limited to the information that individual respondents are actually able to give. Individuals can describe their own experiences, observations, and behavior, but not necessarily their systemic barriers to health. However, by collecting more descriptive data on environmental factors, the team is getting closer to identifying systemic barriers.
 - Ms. Barton pointed out that secondary data analysis, combined with the survey data, could also help provide some answers on systemic barriers. The data team will examine factors related to the concept of “personas” whereby certain responses to one question may correlate with responses to other questions. In addition, the focus groups will allow for deeper dives into the data and could probe on aspects of systemic issues.

Malcolm Furgol, Executive Director, FCHCC, announced that the survey will be launched after approval by the FCHCC Board meeting on July 7, 2021. Estimated survey launch date selected is Monday, July 12, 2021. The data collection period would be 3 weeks. Ms. Barton added that data analysis would occur during the month of August in consultation with the PhD social scientists at MSR, followed by focus groups in the month of September. Mr. Furgol said the next step is planning for survey distribution in collaboration with community partners. The plan will include identifying partner organizations to socialize the survey, public communications of survey availability, and how to handle distribution and collection of paper surveys.

Action Item: Mr. Furgol will develop a survey distribution plan in collaboration with a smaller group of Steering Committee on Friday, June 25th @ 3 pm. Invitations are forthcoming.

Action Item: The Steering Committee will review the survey distribution plan at their next meeting scheduled for Friday, July 2 @ 2 pm.

- Ms. Barton reiterated the importance of working with community partners for the data collection process and said Janet Harding, Director of Cultural Awareness and Inclusion at Frederick Health, would be a valuable resource in this area. Ms. Harding helped in the last CHNA cycle by connecting us with Community Health Workers associated with community organizations, such as local African American fraternities and sororities, Central Hispano, and other CBOs. She said the consultant will provide the survey in both an online format and will provide paper copies in English and Spanish. Another CBO may be available to translate the survey into other languages, if needed.
- Ms. Barton said the goal is to have survey responses that are representative of the whole community, and demographic data will be analyzed throughout the data collection process to ensure alignment with the county demographic profile.
- Ms. Barton said that the paper format of the survey will be a PDF file, which will need to be printed, distributed, and collected from the CBOs. MSR will perform the data entry. She also said that many of the partner CBOs have social media platforms to promote the survey.
- Ms. Watkins pointed out that the paper format is necessary in order to capture full representation in the county. Last cycle, significant data on the homeless and Spanish-speaking populations was collected by paper surveys.
- Ms. Olivo added that the Coalition recently conducted a membership update survey which included a question on CBO interest in participating in the CHNA process, including helping to distribute the survey and/or hosting a focus group. A large number of CBOs are interested in participating in both of these endeavors.
- There was discussion on the best target goal for the number of completed surveys to collect. Ms. Barton said that 400-500 responses would likely be acceptable to provide statistically significant data analyses.
 - Ms. Olivo said the team may want to increase the target response goal to allow for meaningful data segmentation and cross-tabulation.

- Ms. Watkins said that 1,000 survey responses would be an appropriate target goal for the data to be representative of the entire county population. However, if the team also wants to have confidence in smaller slices of the data (i.e, by zip code, gender, etc), then a larger response rate would be necessary. She pointed out that the team, especially Mr. Furgol, have extensive experience collaborating with community partners, including the promotion efforts for the 2020 U.S. Census and the COVID-19 vaccination programs. This group also benefits from Danielle Haskin's expertise in community outreach, most recently for the COVID-19 vaccine effort.
- Ms. Barton encouraged the team to find innovative ways to encourage survey participation. For instance, the survey (or a QR code) could be distributed at the COVID-19 vaccine clinics, where people sit for 15-30 minutes after getting the vaccine.
- Maria Herrera said she will be out of the country June 23-July 13, but will do her best to provide input on the survey design, and will try to participate on the July 2nd meeting via cell phone. She offered to help distribute surveys to the Hispanic community through their food distribution centers and to assist with language translation.
- Ms. Barton will consult with Stephanie Gonthier, MSR, on issues related to survey sample size, social media promotion of the survey and a possible soft launch of the online survey.

Next Meeting: Friday, July 2, 2021, 2 pm to 3 pm.

- Final review of community survey before FCHCC Board review
- Review survey distribution plan

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